

Revision: HCFA-PM-93-5 (MB)

ATTACHMENT 2.6-A

MAY 1993

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Territory: Puerto Rico

Citation	Condition or Requirement
1905(p)(1)(D) and (p)(2)(B) and 1902(a)(10)(E)(iii) of the Act	<p>8. Resource Standard - Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries</p> <p>For qualified Medicare beneficiaries and specified low-income Medicare beneficiaries covered under sections 1902(a)(10)(E)(i) and 1902(a)(10)(E)(iii) of the Act, the resource standard is twice the SSI resource standard.</p>
1905(s) of the Act	<p>9. Resource Standard - Qualified Disabled and Working Individuals</p> <p>For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard is twice the SSI resource standard.</p>

Not Applicable

TN No. 93-5 Approval Date JAN 11 1994 Effective Date JUL 1 - 1993
 Supersedes
 TN No. 92-2

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Territory: Puerto Rico

Citation

Condition or Requirement

42 CFR
436.901

10. Excess Resources - Categorically Needy and Medically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries

Any excess resources make the individual ineligible.

11. Effective Date of Eligibility - Categorically and Medically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries.

- a. Groups other than qualified Medicare beneficiaries

(i) For the prospective period--

Coverage is available for the full month if the following individuals are eligible at any time during the month.

☒ Aged, blind, disabled.

☒ AFDC-related.

Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.

☐ Aged, blind, disabled.

☐ AFDC-related.

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JAN 11 1994

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JUL 1 - 1993

Revision: HCFA-PM-91-8 (MB)
October 1991

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OMB No.:

State/Territory: PUERTO RICO

Citation	Condition or Requirement
1902(u) of the Act	9.1 For COBRA continuation beneficiaries, the resource standard is: — Twice the SSI resource standard for an individual. — More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

NOT APPLICABLE

TN No. 92-8
Supersedes

Approval Date OCT 14 1992

Effective Date JUL 1 1992

TN No. New

HCFA ID: 7985E

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: PUERTO RICO

FINANCIAL ELIGIBILITY

Citation(s)

Condition or Requirement

(ii) For the retroactive period--

Coverage is available for three months before the date of application if the following individuals are eligible.

 Aged, blind, disabled.

 AFDC-related.

Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.

 X Aged, blind, disabled.

 X AFDC-related.

(iii) For a presumptive eligibility period for pregnant women only--

Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.

NOT APPLICABLE

1902(b)(1)
of the Act

TN No. 92-4
Supersedes 92-2
TN No. 92-2
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AUGUST 1991

OFFICIAL

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OMB No.: 0938-

Territory: Puerto Rico

Citation

Condition or Requirement

1902(e)(8) and
1905(a) of the
Act

b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act, coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The determination is valid for--

☐ 12 months

☐ 6 months

☐ ___ months (no less than 6 months and no more than 12 months).

Not Applicable

TN No. 92-2
Supersedes
Tn No. **New**

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

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